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## DRUG-USING MEN WHO HAVE SEX WITH MEN AS BRIDGES FOR HIV AND OTHER SEXUALLY TRANSMITTED INFECTIONS

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### Sexual Diversity Among Black Men Who Have Sex with Men in an Inner-City Community

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**ABSTRACT** *Dramatic increases in HIV-incidence rates have been documented for Black men who have sex with men (MSM). Moreover, MSM has become a more visible HIV-transmission route in the Black community, in part due to public interest in the “down low” (i.e., “straight” men who also have sex with men). Interviews were conducted with 21 Black MSM in central Brooklyn, New York City, in efforts to understand the diversity of MSM experience in a low income, high HIV-prevalence community. Two thirds of the men identified as either heterosexual (43%) or bisexual (24%) and 15 (71%) MSM reported recent sex with women. Conformity to masculine social role expectations made it difficult to identify sex partners in the community; therefore, men relied on private sex clubs and the Internet. The findings suggest that stigma surrounding both HIV and homosexuality may effectively insure that nonheterosexual preferences and practices remain hidden in the Black community. A focus on sexual orientation and bisexuality has obscured the issue of race in the HIV/AIDS epidemic among Black MSM. In the long term, public health promotion and HIV prevention will require greater tolerance and acceptance of sexual diversity in the Black community.*

**KEYWORDS** *Black MSM, Drug use, HIV, Sexual risk.*

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## INTRODUCTION

Black Americans are becoming HIV infected at rates comparable to those seen in parts of the developing world and at rates three to four times higher than members of other racial/ethnic groups in the United States.<sup>1,2</sup> Recent and dramatic increases in HIV-incidence rates have been documented for Black men who have sex with men (MSM) and Black women.<sup>3,4</sup> Moreover, MSM has been recently identified as the primary cause of infection among Black men,<sup>5</sup> while the heterosexual acquisition of HIV, increasingly through sex with MSM, has been the primary cause of infection among Black women since 1995.<sup>6</sup> Therefore, in Black communities, men are the main source of sexually transmitted HIV infection for both Black men and Black women. However, little is known about the sex practices and preferences of Black men.

Although researchers have observed that Black men's gay identity and behavior are distinctly different from that of White men,<sup>7</sup> most available data are based on

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studies of the general MSM population, in which Black men represent a small proportion of the sample.<sup>1,8,9</sup> It is unlikely that these studies are able to capture the unique range of experiences of Black MSM; however, some consistent observations have been made. Of note, Black MSM are less likely to disclose their sexual orientation,<sup>9,10</sup> are less likely to identify as homosexual,<sup>9-11</sup> and a larger proportion self-identify as bisexual as compared with White MSM.<sup>12,13</sup> In a recent study of HIV-infected individuals, 34% of Black MSM reported having had sex with women in the last 5 years.<sup>13</sup> MSM who have sex with women appear to be at enhanced risk of being HIV infected compared with men who have sex exclusively with other men and heterosexual men.<sup>12,14</sup> Furthermore, MSM has become a more visible HIV-transmission route in the Black community, in part due to intense media attention on the phenomenon referred to as Black men on the “down low” (i.e., maintaining a “straight” public appearance and having sex with men on the side).<sup>15,16</sup>

There is a need to identify and understand the similarities and differences between the mainstream MSM community, which is predominantly White, and Black MSM to adapt or develop effective HIV-preventive interventions for Black MSM and their sex partners. For this exploratory research, interviews were conducted with 21 Black MSM in Bedford Stuyvesant, Brooklyn, in New York City, with the goal of developing a contextualized understanding of the sexual diversity of Black MSM in an inner-city community.

## METHODS

Given the expected difficulty of recruiting a diverse and hidden sample of Black MSM, many of whom were anticipated not to identify as gay, and the exploratory nature of the research, 21 men were identified through multiple studies and venues. Data are from qualitative and quantitative research conducted in Bedford Stuyvesant, the largest Black community in New York City, between 2001 and 2003. The first three MSM were participants in a focus group conducted to identify factors that would influence decisions to be recruited into a research study. Two of these three men also participated in in-depth, semistructured life history interviews. Quantitative data consist of 12-structured interviews conducted with MSM participants (14% of all men interviewed) from a large, ongoing social network cohort study examining infectious disease-transmission dynamics among women who use drugs and their risk-network members (i.e., sex and drug-use partners). Initial data from the social network cohort study indicated that some women reported having male sex partners not known to be MSM, who were subsequently interviewed and determined to be MSM through either self-reported sexual orientation (i.e., gay or bisexual) or behavior (i.e., self-reported sex with a man in the last 30 days). In response to these findings, a series of in-depth life history interviews was undertaken with Black MSM. Of the total 21 men, two men participated in both a qualitative and a quantitative interview, two men participated in both the focus group and a qualitative interview, 10 men participated exclusively in quantitative interviews, six men participated exclusively in qualitative interviews, and one man participated exclusively in the focus group. All 21 MSM participants were aged 18 or older and recruited from nondrug-treatment sites. The research was approved by the Institutional Review Board of Columbia University. All participants provided informed consent and were given cash reimbursements for their time.

The social network cohort study uses a fully structured egocentric network questionnaire that, in addition to individual sex and drug-use practices, assesses intimate network member characteristics, relationships, and shared practices. The

in-depth life history interviews followed a structured guide and all qualitative interviews and the focus group were tape-recorded and transcribed verbatim. Grounded theory, an inductive and field-based approach, provided an initial framework to develop theoretical categories or typologies<sup>17,18</sup> for the qualitative analysis. Central themes were identified in the narratives including MSM identity and behavior, sex partner-seeking strategies, sex practices, drug use, and community factors thought to influence sex partner choices and behaviors. Analyses were conducted by using a computerized text-based analytic tool, dtSearch ([www.dtSearch.com](http://www.dtSearch.com)).

## RESULTS

### Sociodemographics

All 21 men interviewed were African American. The men had a mean age of 40 (SD 10; range 18–57): 3 (14%) were younger than 30, 8 (38%) were 30–39 years old, and 10 (48%) were aged 40 or older. Most (60%) had either completed high school or acquired a general equivalency diploma, and the majority (86%) were currently unemployed.

### Drug Use and HIV Status

Of the 20 men surveyed, all reported illicit drug use except one of the men who described himself as an alcoholic who had never used illicit drugs. Crack was the most commonly used drug (15 or 75%), followed by heroin (55%), and non-crack cocaine (40%). Ecstasy use and methamphetamine use were each reported by six men (30%), all of whom were younger than age 35. Almost half (45%) of the men had ever injected drugs and three (14%) had injected in the 30 days before interview. Twelve (57%) men were HIV infected; only one man was unaware of his seropositive status.

### Ambiguity of Sexual Identity

Two thirds of the men self-identified as either heterosexual (43%) or bisexual (24%), five (24%) men self-identified as gay, one (4.5%) man identified as transgendered, and one (4.5%) man refused to be labeled. One 39-year-old man who identified as gay said “I wear it on my sleeve,” but others appeared uncomfortable about acknowledging their sexual orientation. The 23-year-old man who refused to label himself described his sexuality as an integrated part of him and not as something that could be separated from who he is by a label.

Several men were asked if they thought of themselves as being on the “down low,” but in general, the term was not well known in this community. One man defined “supposedly straight” MSM as “undercover guys,” though most said that either they or their male sex partners had girlfriends to indicate behavioral bisexuality. Media accounts,<sup>15,16</sup> other research,<sup>7</sup> and Internet sites targeting Black MSM use additional labels to describe Black MSM who maintain an ultramasculine façade (e.g., homothugz, ruffnecks, or gangstas), but these were not widely used by the men.

Men reported making efforts to blend into the community by “dressing down” for reasons of safety and to conform with masculine social role expectations. Even openly, gay men made efforts to downplay their sexual identity out of fear of potential violence or of incurring negativity. Appearing “masculine” and “straight” was viewed as important by most of the men, who acknowledged that they would feel frightened and mortified if they were “outed.”

The composition of the men’s close social networks was explored to understand the extent of socialization with other MSM. The 12 men who completed structured

interviews were asked to nominate up to 15 close social and sexual network members for the 30 days before interview. On average, they named twice as many non-MSM male friends and more female sex partners than MSM friends; however, many also named a close MSM sex partner in the last 30 days. The men reported few MSM friends in their intimate networks with whom they did not currently have sex. This is in decided contrast to the networks of White MSM.<sup>7</sup>

### **Identifying Sex Contacts and Partners**

When men were asked how they identified gay men in their community, they said they tended to rely on stereotypes (e.g., men with a certain “flamboyance,” by the way “they act,” and “their mannerisms”). However, they expressed a preference for “straight-seeming” men. Men were asked to describe the circumstances under which they would approach a “straight-seeming” man and the methods they used to determine if he was also an MSM. Two techniques that were discussed were age-related: older men reported attending “sex clubs” that operated in private apartments, whereas younger men reported using the Internet and phone services to identify new sex contacts.

“Sex clubs” as discussed by these men typically took place in apartment-based venues. They generally operated on a fee-for-service basis and often involved drug use and dealing, but were considered distinct from “crack houses” or other drug-using venues because their reason for being was to meet sex partners. Nonetheless, sex exchanges at these clubs were sometimes paid for with drugs.

Younger men reported using the Internet and phone services to identify new sex contacts. They knew of many Internet addresses and chatrooms for finding MSM sex partners, which they consulted regularly. Numerous websites on the Internet are specifically designed to cater to gay, bisexual, or “straight curious” Black men.

### **Sex Risk Practices**

All of the men interviewed were currently sexually active. However, they were uncomfortable discussing anal sex during the interviews. Fourteen of 20 MSM (67%) reported ever having anal sex. In contrast, more than half of the men readily admitted to involvement in sex work: 11 of 20 (55%) men had sold sex and 10 of 16 (63%) had purchased sex. Some men initially reported consistent condom use, but when questioned further, admitted that they rarely used a condom with either male or female sex partners and almost never discussed it with anyone. Failure to use condoms was not related to a lack of knowledge or supplies, as several men indicated they had condoms with them and knew how important they were for preventing the spread of HIV, but they just did not use them. The men explicitly linked a reluctance to discuss condom use to both the use of methamphetamines and HIV-seropositive status. Men who were HIV infected were particularly reluctant to discuss condom use with potential partners for fear that their partners would suspect that they were HIV infected. Moreover, they appeared to reason that it is the responsibility of the potential partner to verify status and, potentially, to bring up condom use. The general feeling was that most men probably “lie about their status” and say they are HIV negative on the Internet because everyone else does the same thing.

### **Race Issues**

Although race issues never dominated discussions, they were a common theme. For example, with the exception of some paying partners, all of the sex partners reported by the men were Black. Some men expressed surprise when they were

asked about the race of their sex partners. One 23-year-old man described the everyday segregation observed in a popular gay club in Manhattan by observing that people identify with others like themselves, so there will be separate sections where men will meet, often based on their own racial, ethnic, or cultural identities.

### **Pressure to Conform to Social Norms**

The men reported experiencing considerable pressure to be “straight” to succeed in life. One 23-year-old man described attending a wedding where most of the people were married with children. He ended the story by saying that being single did not seem right, even though, at the time, he was dating a man he had been seeing for several months. Moreover, only three men considered themselves to be part of a “couple,” despite reports of long-term relationships with other men.

Social pressures discussed by the men focused on establishing a family. Sixteen (76%) of 19 men already had (67%) or wanted (9%) children; only three men (14%) explicitly stated that they did not want children. Although some men expressed ambivalence about having sex and partnerships with women, most said they could not imagine a family constellation that included another man, which meant that relationships with women were essential to maintain appearances. Moreover, despite the fact that it was widely considered “disrespectful” to have a male and a female sex partner at the same time, 10 of 12 MSM respondents in the network cohort study admitted to having partners of both genders in the 30 days before interview. Of the 21 men interviewed, 15 (71%) reported sex with women in the past year.

Finally, the church is a powerful influence in the Black community and, as one 57-year-old man stated, homosexuality “is not favored in the eyes of God.” However, a 44-year-old man who sang in the choir reported that “homosexuality . . . it’s around in the church” and that “there are heterosexual marriages of gay people in the church.” Further, he observed that the church is a setting where all kinds of people, men and women, gay and straight, young and old, can meet.

## **DISCUSSION**

In this low-income community with a high-background HIV prevalence, Black MSM were reluctant to label themselves as gay. Even men who were comfortable with their sexuality tended to negatively stereotype a gay identity and made efforts to conform to a masculine identity in their community. The need to exhibit a masculine public persona, combined with difficulties identifying “straight-seeming” MSM in the community, led the men to use targeted and discrete strategies to seek male partners. Two common strategies were going to “sex clubs,” which often also involved drug acquisition and use, and seeking sex partners on the Internet. Finally, condom use among these MSM was rare and seemed linked to a tacit assumption that condom use meant an HIV-positive status; not discussing or using condoms was a way of avoiding HIV and the stigma surrounding it.

With few exceptions,<sup>19–22</sup> there is relatively little research on how stigma and homophobia affect Black communities and even less on the impact of these factors on HIV transmission.<sup>23,24</sup> Researchers have focused on men’s individual behaviors, even as they have observed and described the powerful social factors that influence these behaviors.<sup>7,25</sup> It has been noted<sup>26</sup> that stigma associated with HIV may be a strong community-level mechanism that influences the individual behaviors of Black MSM (i.e., not to use condoms), particularly men who are HIV infected. In this study, pressures to conform to social and sexual norms appeared to be pervasive,

from multiple sources, and based on expectations that same sex partnerships are illegitimate.

In addition to stigma and homophobia, racism and segregation contribute to gender-role expectations and social pressures to conform to sexual norms.<sup>9,27</sup> For example, the social construction of Black masculinity, developed in response to racism,<sup>27</sup> may affect the willingness to disclose a nonheterosexual identity, or indeed, social conditioning may make a gay identity impossible to accept at the individual level.<sup>7</sup> Although constructed identities, such as being on the “down low” or labeling one’s self a “homothug,” are reportedly used by Black MSM,<sup>7,15,16</sup> for the most part, respondents in this study were unaware of these labels and appeared to be isolated both socially and psychologically from other MSM. Isolation, fear of rejection, and an inability to identify other men like themselves appear to have led these men to use targeted and hidden male sex partner-seeking strategies that are often associated with high-risk sex practices and partners, such as “sex clubs” and finding sex partners on the Internet.<sup>28–30</sup> Given that these venues facilitate sex risk practices, directly or indirectly, they should be considered prime structural intervention targets.

The Internet, in particular, poses great promise as an instrument for public health interventions,<sup>30,31</sup> and initial efforts targeting gay-identified White men have already been established (e.g., Internet Sexuality Information Services Inc., Prevention Organizations with Empowerment Resources On the Net and SexEd4u). Internet sex-partnering sites have also developed methods to engage the diverse and hidden population of non-gay-identified Black MSM. These methods have potential for use in health promotion and HIV-prevention efforts, both independently and in conjunction with the sites. Messages that advertise HIV and STI testing and raise awareness about HIV in the community are gaining popularity on the Internet. However, negative views about condom use appear to be firmly entrenched. Methods need to be developed to promote condom use in a positive manner, although it is essential to recognize that the impact will not be immediate and that some percentage of the population will always refuse to use condoms. Safer-sex messages promoted concurrently with condom-use messages, including the promotion of lubrication, have been found to limit HIV transmission.<sup>32–35</sup>

Both AIDS cases and incident HIV infections are overwhelmingly found among Black Americans.<sup>1,2</sup> Therefore, it is naïve to believe that race is irrelevant in the US HIV/AIDS epidemic. Unfortunately, focusing on sexual orientation and bisexuality among Black MSM may have an unintended consequence of obscuring race as an issue in the epidemic. Recent empirical evidence suggests that race is a much more important defining identity than sexual orientation among Black MSM.<sup>19,36</sup> HIV-prevention efforts should incorporate more elements of a Black identity, such as Black pride,<sup>7,19,36</sup> to engage and retain Black Americans and their communities than current intervention strategies. While a long-term goal may be community acceptance and tolerance of sexual diversity, it is important to recognize that HIV is preventable. The time horizon is limited: Black men and women are becoming HIV infected at a rapid rate, today. Building community acceptance and tolerance of sexual diversity can occur through outreach and intervention with community-based organizations, including Black churches. However, these efforts must recognize and address the needs, fears, and beliefs of people living in the communities most affected by the HIV epidemic.

This exploratory study is among the first to examine community-level influences and individual-level HIV risk practices among Black MSM in a low-income community. However, the small sample size limits the interpretation of its findings. Although the men varied in age, they were alike in many ways, including the ambiguity of their sexual self-identities, with most men identifying as heterosexual or

bisexual; their substance use, although the drugs of choice differed between younger and older men; and their reliance on hidden methods of seeking male sex partners, although again, methods differed by age. The recruitment method used in this study is also a limitation. Future research efforts should consider complementary methodologies, such as recruiting through the Internet and/or incorporating snowball and chain-referral methods,<sup>37</sup> as well as of conducting multisite studies to increase sample size and diversity. These recruitment methods have been successful in identifying members of other hidden populations, (e.g., injection drug users), and although the samples selected with these methodologies are not random, they are often representative.<sup>37,38</sup>

## CONCLUSION

The stigma associated with both HIV infection and homosexuality in this low income, high HIV-prevalence Black community effectively insures that nonheterosexual sex preferences and practices will remain hidden. Future HIV-prevention efforts will need to transcend risk group categorizations, because most Black MSM are unlikely to respond to interventions targeting the “mainstream” gay population. Most Black MSM in this study self-identified as either heterosexual or bisexual, and almost three quarters of the men reported having recent female sex partners. Most of the men said they tried to appear “straight” and masculine and preferred male sex partners who were also masculine. Moreover, substance use was ubiquitous and seemed to play a major role in some sex partner-seeking strategies. Future HIV-prevention interventions that target Black MSM and their communities will need to consider the complex and dynamic factors that influence their identities and sexual risk behaviors, including stigma, homophobia, substance use, and the Internet.

## NOTE

The respondent quotes are not included here due to space limitations; however, they are available from the first author.

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